U.S. D. partment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Michael

1. File Number U-/4053

3. Name and address of person filing

P.O. Box, Bldg., Room No., if any

P Huerta

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004 :

4. Name, file number, and address of labor organization.

Name Sprinkler Fitters UA Local 709

Labor Organization File Number 044134

P.O. Box, Building and Room Number, if any

Street 17821 Horst Ave.	Street 12140 Rivera Road		
City Artesia	City Whittier		
State California ZIP Code + 4 90701-4128	State California ZIP Code + 4 90606-2602		
5. Position in labor organization. President			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	:		
Trade Name, if any:	:		
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	: · · · · · · · · · · · · · · · · · · ·		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Michael FAut	On 08/05/2005 562-698-9909		
	Date Telephone Number		
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name National Automatic Sprinkler Industry a. Labor Organization Trade Name, if any: NASI b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 8000 Corporate Drive Landover ZIP Code + 4 : 20785-2285 State Maryland 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Educational Conference regarding Fund Investments Name NASI Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any ... Street 8000 Corporate Drive \$63 11.b. Approximate dollar value of such dealing. City Landover 12.a. Nature of interest held or income received.

ZIP Code + 4 20785-2285

Seminar Materials

12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
	Gift Card		
Name Jerry Neil Paul			
Trade Name, if any: Paul, Hanley, Harley	3		
P.O. Box, Bldg., Room No., if any			
Street 5716 Corsa Ave., Suite 203			
City Westlake Village	;		
State California ZIP Code + 4 91362~4059	l some		

State Maryland

\$63

Name of Person Filing Michael Huerta

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:
Name United Association of Plumbers & Pipefitters:	a. Labor Organization
Trade Name, if any: UA	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 901 Massachusetts Avenue, N.W.	c. Employer
City Washington	
State District of Columbia , ZIP Code + 4 20001-4397	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name (International Training Fund	Instructor Training
Torde Moure if your	3
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 901 Massachusetts Avenue, N.W.	
City Washington	
State District of Columbia ; ZIP Code + 4 20001-4397	11.b. Approximate dollar value of such dealing. \$185
	12.a. Nature of interest held or income received.
	Instructor Advance for hotel and meal expenses.
	:
	*
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	12.b. Amount. \$185